



**Security Benefit Fund**  
Of the  
**Uniformed EMT'S Paramedics & Fire Inspectors**  
**Of District Council 37 AFL=CIO**  
150-39 14<sup>th</sup> Ave 2<sup>nd</sup> Fl Whitestone NY, 11357

## FAMILY MEDICAL LEAVE

**Any leave of absence that exceeds 30 calendar days MUST be approved by the Department**  
**All leave requests must be submitted via the chain of command**

1) FAMILY MEDICAL LEAVE (FMLA) is a total of 12 weeks of job protected paid/unpaid leave in a 12 month period for:

- a) Birth of a child
- b) Placement of an adoption or foster child
- c) Care of a spouse or domestic partner
- d) Care of a child
- e) The members own health condition

A) Qualifications: a) must have worked a total of 12 months and have worked at least 1250 hours prior to the start of the leave

Employees' group health insurance coverage will be maintained for the duration of approved FMLA leave; however, employees must pay the premiums for any optional riders. Health plan premiums paid by the City during the period of unpaid leave may be recovered if the employee fails to return to work.

B) Required Documents:

1) Child Care: Submit Package to Station Commander

a) FMLA Package: Child Certification/Request for Leave

[Click for Forms](#)

b) Application for Extended leave of Absence

[Click here for Form](#)

c) Birth certificate, adoption/foster care documents

2) Medical Care: Submit to Ass. Commissioner Human Resources

9 Metrotech Center

Brooklyn, N.Y.

a) FMLA Package: Request for Medical Leave Form [Click Here for Form](#)

b) Physician Certification [Click Here for Form](#)

c) Application for Extended Leave of Absence [Click Here for Form](#)